

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003498

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: BREVARD HOME MART, INC.

## Current Principal Place of Business:

380 - C GUS HIPPI BLVD  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

779 E MERRITT ISLAND CSWY  
# 753  
MERRITT ISLAND, FL 32952 US

## New Mailing Address:

FEI Number: 59-3612150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFIZI, HAMID  
779 E MERRITT ISLAND CSWY  
PMB 753  
MERRITT ISLAND, FL 32952 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VILLANUEVA-HAFIZI, JERRI A  
Address: 779 E MERRITT ISLAND CSWY PMB 753  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete  
Name: HAFIZI, HAMID  
Address: 779 E MERRITT ISLAND CSWY PMB 753  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete  
Name: HAFIZI, DAVID  
Address: 779 E. MERRITT ISLAND CSWY PMB 753  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete  
Name: HAFIZI, MARYAM  
Address: 779 E. MERRITT ISLAND CSWY PMB 753  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRI A. VILLANUEVA-HAFIZI

P

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date